

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>04 - 07</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>August 31, 2004</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Title XIX, Social Security Act, as amended</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2005      \$ 21,020,614 b. FFY 2006      \$ 20,523,731	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT: <b>The amendment revises the definitions of the services offered under the mental health rehabilitative services option, updates citations, and removes classification of staff as either professional or paraprofessional.</b>			
<i>Texas 04-07</i> <i>Approved: 11/04/04</i> <i>Effective: 08/31/04</i>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Sent to Governor's Office this date. Comments, if any, will</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>be forwarded upon receipt.</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:  <b>David J. Balland</b> <b>Interim State Medicaid/CHIP Director</b> <b>Post Office Box 13247</b> <b>Austin, Texas 78711</b>	
13. TYPED NAME: <b>David J. Balland</b>			
14. TITLE: <b>Interim State Medicaid/CHIP Director</b>			
15. DATE SUBMITTED: <b>April 15, 2004</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>23 APRIL 2004</b>		18. DATE APPROVED: <b>4 NOVEMBER 2004</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>31 AUGUST 2004</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  <i>Andrew A. Fredrickson</i>	
21. TYPED NAME: <b>ANDREW A. FREDRICKSON</b>		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**Attachment to Blocks 8 and 9 of CMS-179 for  
Transmittal No. 04-07, Amendment No. 662**

**Number of the Plan Section or  
Attachment**

Appendix 1 to Attachment 3.1-A

Page 31a  
Page 31b  
Page 31b1  
Page 31c  
Page 31d  
Page 31e  
Page 31f  
Page 31g  
Page 31h

Appendix 1 to Attachment 3.1-B

Page 31a  
Page 31b  
Page 31b1  
Page 31c  
Page 31d  
Page 31e  
Page 31f  
Page 31g  
Page 31h

Attachment 4.19-B

Page 20  
Page 20a  
Page 20b  
Page 20c

**Number of the Superseded Plan  
Section or Attachment**

Appendix 1 to Attachment 3.1-A

Page 31a (TN96-15)  
Page 31b (TN96-15)  
New page  
Page 31c (TN 96-15)  
Page 31d (TN 96-15)  
Page 31e (TN 96-15)  
Page 31f (TN 96-15)  
Page 31g (TN 96-15)  
Page 31h (TN 96-15)

Appendix 1 to Attachment 3.1-B

Page 31a (TN96-15)  
Page 31b (TN96-15)  
New page  
Page 31c (TN 96-15)  
Page 31d (TN 96-15)  
Page 31e (TN 96-15)  
Page 31f (TN 96-15)  
Page 31g (TN 96-15)  
Page 31h (TN 96-15)

Attachment 4.19-B

Page 20 (TN 01-03)  
Page 20a (TN 01-03)  
Page 20b (TN 01-03)  
Page 20c (TN 01-03)

## 13.d Rehabilitative Services (Continued).

Single state agency.

- F. The provider must maintain records and submit reports and other information specified by the single state agency.

Chemical Dependency Treatment Facility Services. (See EPSDT item 4.b)

## A. Mental Health Rehabilitative Services – Definition and Authorization Process

Mental Health Rehabilitative Services are those age appropriate services determined via a uniform assessment protocol and recommended by a licensed practitioner of the healing arts as medically necessary to reduce an individual's disability resulting from severe mental illness for adults, or serious emotional, behavioral, or mental disorders for children; and to restore to or maintain that individual at his/her best possible functioning level in the community. In addition to a determination of need based on the uniform assessment protocol, eligible individuals residing in a nursing facility (NFs) must have been determined through PASARR to require specialized services.

## 1. Authorization of Services

Each person determined to need Mental Health Rehabilitative Services must have a plan of care developed by the Medicaid enrolled provider of Rehabilitative services that describes in writing the type, amount and duration of Mental Health Rehabilitative Services determined to be medically necessary to meet the needs of the person. The plan of care must be authorized by a Licensed Practitioner of the Healing Arts and must be consistent with the State uniform utilization guidelines or include documentation providing clinical justification for the exceptions. The plan of care must be approved by the state operating agency or its designee. The plan of care will be reviewed by the Medicaid provider on a regular basis and modified as necessary to meet the needs of the person. Changes to the plan of care with regard to type, amount, or duration must be approved by a licensed practitioner of the healing arts practicing within the scope of his/her licensure. All plans of care are subject to review and approval by the state operating agency or its designee.

UNPSEDES TN. 96-15

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'D	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

## 13.d Rehabilitative Services (Continued).

## 1. Mental Health Rehabilitative Services – Service Definitions :

Mental Health Rehabilitative Services are age-appropriate, individualized, and designed to ameliorate mental and functional disabilities that negatively affect community integration, community tenure, and/or behaviors resulting from serious mental illness or emotional disturbance that interfere with an individual's ability to obtain or retain employment or to function in other non-work, role appropriate settings. Day programming for acute needs is provided on a large group basis and is site-based. All other services are provided on a one-to-one or small group basis, either on-site or in the community. Mental health rehabilitative services include:

- a. Medication Training and Support – curriculum-based training and guidance that serves as an initial orientation for the individual in understanding the nature of their mental illnesses or emotional disturbances and the role of medications in ensuring symptom reduction and increased tenure in the community. This service includes: assisting the individual to develop correct procedures for following a prescription medication regimen; strategies to manage symptomology and maximize functioning; developing an understanding of the relationship between mental illness and the medications prescribed to treat the illness; the interaction of medication with other medications, diet, and mood altering substances; the identification and management of potential side effects; and the necessity of taking medications as prescribed and following doctor's orders.
- b. Psychosocial Rehabilitation Service – social, educational, vocational, behavioral, and/or cognitive interventions to improve a client's potential for social relationships, occupational or educational achievement, and living skills development. This service is provided by members of a therapeutic team. When appropriate, the provision of services will address the impact of co-occurring disorders upon the individual's ability to decrease symptomology and increase community tenure. This service includes:

- (1) Independent living - skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Training for independent living includes: skills related to personal hygiene; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, substance abuse services, legal services, living accommodations; and social skills, e.g., communicating one's needs to strangers and making appropriate choices for the use of leisure time. Individuals receiving Psychosocial Rehabilitation Service are not eligible to simultaneously receive Skills Training and Development.
- (2) Coordination – skills training and/or supportive interventions to assist the individual in improving their ability to gain and coordinate access to necessary care and services. Training for coordination skills includes instruction and guidance in such areas as: identifying areas of need across all life domains, prioritizing needs and setting goals, identifying potential service providers and support systems, initiating contact with providers and

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Texas  
4-23-04  
11-4-04  
8-31-04  
04-07

## 13.d Rehabilitative Services (Continued).

support systems, participating in the development and subsequent revisions of their plan of care, coordinating their services and supports, and advocating for necessary changes and improvements to ensure that they obtain maximum benefit from their services and supports. Individuals receiving Psychosocial Rehabilitation Service are not eligible to simultaneously receive Medicaid Targeted Case Management Services.

- (3) Employment related service – training and supports that are not job specific and have as their focus the development of skills to reduce or overcome the symptoms of mental illness that interfere with the individual's ability to make vocational choices, attain or retain employment. Included are activities such as: skills training related to task focus, task completion, planning and managing activities to achieve outcomes, personal hygiene, grooming and communication, and skills training related to securing appropriate clothing, developing natural supports, and arranging transportation. Also included are supportive contacts related to the school or work-site situation to reduce or manage behaviors or symptoms related to the individual's mental illness or emotional disturbance that interfere with job performance or progress toward the development of skills that would enable the individual to obtain or retain employment.
- (4) Housing related service - training and supports that focus on the development of skills to reduce or overcome the symptoms of mental illness that interfere with the individual's ability to obtain or maintain tenure in independent integrated housing. Included are activities such as: skills training related to home maintenance and cleanliness, problem solving with landlord and other residents, and maintaining appropriate interpersonal boundaries. Also included are supportive contacts related to the housing situation to reduce or manage behaviors or symptoms related to the individual's mental illness or emotional disturbance that interfere with maintaining independent integrated housing.
- (5) Medication related service – Training and supportive interventions that focus on individual-specific needs and goals regarding the administration of medication, monitoring efficacy and side-effects of medication, and other nursing services that enable the individual to attain or maintain an optimal level of functioning. Medication related service does not include services or activities that are incidental to physician services provided during a clinical appointment.

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'VD	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

SUPERSEDES: NONE - NEW PAGE

## 13.d Rehabilitative Services (Continued).

- a. Rehabilitative Counseling and Psychotherapy – counseling and psychotherapy to reduce or eliminate symptomology and increase the individual's ability to perform activities of daily living. This service is provided by licensed mental health professionals or masters level professionals working under the supervision of the licensed professional in accordance with state law.
- b. Skills Training and Development - skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Skills Training and Development may include: skills related to personal hygiene; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, substance abuse services, legal services, living accommodations; and social skills, e.g., communicating one's needs to strangers and making appropriate choices for the use of leisure time.
- c. Acute Care Services - Services are provided on a one-to-one or group basis, either on-site or in the community. Services are age-appropriate, individualized, and designed to ameliorate mental and functional disabilities that place the individual at immediate risk of harm to self or others, institutionalization, or incarceration. Mental health rehabilitative acute care services include:
  - (1) Crisis intervention – intensive community-based one-to-one service provided to individuals who require services in order to control acute symptoms that place the individual at immediate risk of hospitalization, incarceration, or placement in a more restrictive treatment setting. This service focuses on behavioral skills training for stress and symptom management, problem solving and reality orientation to help the individual identify and manage their symptoms of mental illness, supportive counseling, and training to adapt to and cope with stressors. Also included is the assessment of dangerousness and, when appropriate, coordination of emergency services.
  - (2) Day program for acute needs – intensive site-based group service provided to individuals who require services in order to control symptoms and prevent hospitalization, incarceration, or placement in a more restrictive treatment setting or reduce the amount of time spent in a hospital or more restrictive treatment setting. This service focuses on intensive, medically-orientated, multidisciplinary interventions such as behavior skills training, crisis management and nursing services that are designed to stabilize acute psychiatric symptoms.

CUPREDES- TN 96-15

STATE	TEXAS	A
DATE REC'D	1-23-04	
DATE APP'D	11-4-04	
DATE EFF	8-31-04	
HCFA 179	04-07	

## 13.d Rehabilitative Services (Continued).

1. Mental Health Rehabilitative Services do not include any of the following:
  - a. services to inmates in public institutions as defined in 42 CFR 435.1009;
  - b. services to individuals under 65 years of age residing in institutions for mental diseases as described in 42 CFR§435.1009;
  - c. job task specific vocational services;
  - d. educational services;
  - e. room and board residential costs;
  - f. services that are an integral and inseparable part of another Medicaid-reimbursable service, including targeted case management services, residential rehabilitative behavioral health services, institutional and waiver services;
  - g. services that are covered elsewhere in the state Medicaid plan;
  - h. services to individuals with a single diagnosis of mental retardation or other developmental disability or disorder and who do not have a co-occurring diagnosis of mental illness in adults or serious emotional disturbance in children;
  - i. inpatient hospital services;
  - j. respite services;
  - k. family support services;

HARRIS COUNTY 96-15

STATE	Texas	A
DATE REC'D	4-23-04	
DATE APP'D	11-4-04	
DATE EFF	8-31-04	
HCFA 179	04-04	

## 13.d Rehabilitative Services (Continued).

## A. Provider Qualifications – To enroll as a provider of Mental Health Rehabilitative Services and to maintain active provider status, an applicant/enrolled provider agency must:

1. Demonstrate a history of providing to adults and children, as well as a capacity to continue to provide to adults and children, a readily accessible, comprehensive, integrated, and well-coordinated system of services and supports, beneficial to adults and children who have been determined to need Mental Health Rehabilitative Services, that includes all of the Mental Health Rehabilitative Services reimbursable under this plan, and be either:
  - a. a governmental or non-governmental entity designated as a community mental health center or community mental health and mental retardation center in accordance with §534.001 of the Texas Health and Safety Code that is in compliance with and maintains on-going compliance with the Texas Department of Mental Health and Mental Retardation's Community Mental Health Standards (25 TAC 412 Subchapter G); or
  - b. a corporation authorized to do business in the State of Texas that demonstrates, through the implementation of written and readily available policies, procedures, and practices and on-site confirmation thereof, compliance with standards of care promulgated by the single state agency or its designee with the approval of the single state agency, that are comparable to those required of providers qualifying under 13d(B) (1) (a) and assure:
    - (1) The safety, health, rights, privacy and dignity of persons receiving Mental Health Rehabilitative Services.
    - (2) Access to emergency services, including a 24-hour-a-day, 365-day-a-year staffed telephone screening and crisis response system, immediate access to emergency medical and psychiatric services, and immediate face-to-face assessment by qualified mental health professional staff, including physicians.
    - (3) Competency of staff (including volunteers, interns, and students), appropriate to job duty, including licensure commensurate with state law, and sufficient numbers of staff to ensure safety and adequacy of programming, including emergency responses within programming.
    - (4) Physical separation of children and adults in residential and other program settings.
    - (5) Compliance with the most recent edition of the National Fire Protection Association's Life Safety Code and certification, registration, or licensure, as applicable for all inpatient

STATE	<u>Texas</u>	A
DATE RECD	<u>7-23-04</u>	
DATE APVD	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	



## 13.d Rehabilitative Services (Continued).

and residential facilities utilized for services provided directly or under arrangement.

- (1) Communication with recipients in a language and format understandable to the recipient through the provision of interpretive services; translated materials; and use of native language and staff.
- (2) The use of a record system that ensures the integrity of the individual record; provides for organization of content and storage of records; is administered by an appropriately trained and credentialed individual; and is consistent with all federal, state, and local laws and regulations pertaining to storage of records.
- (3) A quality improvement process, that includes a plan and an annual self-evaluation of performance, that is based on valid data-driven decisions including both clinical and non-clinical aspects of care.
- (4) An infection control plan approved by a physician which includes prevention, education, management, and monitoring of significant infections.
- (5) A peer review process that promotes sound clinical practice, professional growth, and credentialing within the provider agency, and that abides by generally accepted guidelines and applicable laws, including necessary investigatory processes to comply with licensing requirement.
- (6) A utilization management program which utilizes a formal assessment of medical necessity, efficiency and/or clinical appropriateness of services and treatment plans on a prospective and concurrent basis, reviews services using established protocols, and allows for an objective appeal process.

2. Assure that covered services are provided to recipients by staff who meet credentialing, competency, and/or training requirements promulgated by the single state agency or its designee, with the approval of the single state agency.

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'VD	<u>11-4-04</u>	
DATE EFF.	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

COUNCIL ON EDUCATION - INC. 96-15

## 13.d            Rehabilitative Services (Continued).

3. Comply with all federal, state, and local laws and regulations applicable to Mental Health Rehabilitative Services and the Texas Medical Assistance Program.
4. Sign a written provider agreement with the single state agency or its designee. By signing the agreement, the provider of mental health rehabilitative services agrees to comply with the terms of the agreement and all requirements of the Texas Medical Assistance Program, including regulations, rules, provider manuals, standards, policy clarification statements, and guidelines published by the single state agency or its designee.
5. Document and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the single state agency or its designee.
6. Allow access by the single state agency or its designee to recipient and the recipient's records when necessary to carry out the single state agency's responsibilities.
7. Demonstrate a history of providing, as well as the capacity to continue to provide comprehensive system of services and supports required by 13b(B) (1) to, and as needed by individuals required to submit to mental health treatment under the Texas Code of Criminal Procedure, Article 17.032 (relating to Release on Personal Bond of Certain Mentally Ill Defendants), or Article 42.12, Section 5(a) or Section 11(d) (relating to Community Supervision); and to, and as needed by, individuals required to submit to mental health treatment due to involuntary commitment for outpatient treatment under the Texas Health and Safety Code, Chapter 573 (relating to Emergency Detention) and Chapter 574 (relating to Court Ordered Mental Health Services).

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'D	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

96-15

## 13.d            Rehabilitative Services (Continued).

8. Request criminal history record information on all employees and applicants whom an offer of employment or volunteer status is made, as authorized in the Texas Health and Safety Code §411.115 and ensure that no volunteer or employee of the enrolled provider, contracted employee of the enrolled provider, or employee or volunteer of a provider delivering rehabilitative services under arrangement who has a criminal history is allowed to provide services to or interact with persons receiving Mental Health Rehabilitative Services.
9. Comply with state policies and procedures pertaining to financial audits and cost reports as determined by the state auditor and/or the single state agency or its designee, with approval of the single state agency.
10. Ensure that when services are provided under arrangement the provider delivering those services under arrangement:
  - a. Complies with all applicable federal, state, and local laws and regulations pertaining to mental health rehabilitative services.
  - b. Has in effect an agreement with the enrolled provider agency stipulating that the provider delivering services under arrangement complies with all requirements of the Texas Medical Assistance Program, including regulations, rules, provider manuals, standards, policy clarification statements, and guidelines.
  - c. Is in compliance with all standards applicable to the provision of the Mental Health Rehabilitative Services, as promulgated by the single state agency or its designee, with approval by the single state agency, through rules, regulations, provider manuals, policy clarifications, guidelines, and other documents.
11. Retain responsibility for Mental Health Rehabilitative Services provided directly or under arrangement.

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'D	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

HHS-EPF-1N 96-15

## 13.d                   Rehabilitative Services (Continued).

Single state agency.

- F.       The provider must maintain records and submit reports and other information specified by the single state agency.

Chemical Dependency Treatment Facility Services. (See EPSDT item 4.b)

## A.       Mental Health Rehabilitative Services – Definition and Authorization Process

Mental Health Rehabilitative Services are those age appropriate services determined via a uniform assessment protocol and recommended by a licensed practitioner of the healing arts as medically necessary to reduce an individual's disability resulting from severe mental illness for adults, or serious emotional, behavioral, or mental disorders for children; and to restore to or maintain that individual at his/her best possible functioning level in the community. In addition to a determination of need based on the uniform assessment protocol, eligible individuals residing in a nursing facility (NFs) must have been determined through PASARR to require specialized services.

## 1.   Authorization of Services

Each person determined to need Mental Health Rehabilitative Services must have a plan of care developed by the Medicaid enrolled provider of Rehabilitative services that describes in writing the type, amount and duration of Mental Health Rehabilitative Services determined to be medically necessary to meet the needs of the person. The plan of care must be authorized by a Licensed Practitioner of the Healing Arts and must be consistent with the State uniform utilization guidelines or include documentation providing clinical justification for the exceptions. The plan of care must be approved by the state operating agency or its designee. The plan of care will be reviewed by the Medicaid provider on a regular basis and modified as necessary to meet the needs of the person. Changes to the plan of care with regard to type, amount, or duration must be approved by a licensed practitioner of the healing arts practicing within the scope of his/her licensure. All plans of care are subject to review and approval by the state operating agency or its designee.

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-23-04</u>	
DATE APP'D	<u>11-4-04</u>	
DATE EFF	<u>8-31-04</u>	
HCFA 179	<u>04-07</u>	

COUNCIL CODES: 14-96-15